

COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF INDUSTRIAL ACCIDENTS

**REVIEW CRITERIA**  
**EFFECTIVE JULY 1, 1993**

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**CRITERIA NUMBER 14 - ANTERIOR CRUCIATE  
LIGAMENT (ACL) REPAIR  
KNEE**

**I. Narrative Description:**

A. Anterior Cruciate Ligament (ACL) Repair

**II. History/Symptoms:**

A. Must meet **B** and **1** or **2**:

**B.** Instability of the knee (buckling or giving way); **and**

1. Significant effusion at the time of injury; **or**
2. Description of injury indicating a rotary twisting or hyperextension occurred

**AND**

**III. Physical Findings:**

A. Must meet **B** and **1** or **2** or **3**:

**B.** Positive Lachmans sign; **and**

1. Positive pivot shift; **or**
2. Positive anterior drawer; **or**
3. Positive KT 1000, > 3-5mm = +1  
> 5-7mm = +2  
> 7 mm = +3

**AND**

**IV. Diagnostic Testing:**

A. Positive findings of one of the following:

1. Arthrogram; **or**
2. MRI; **or**
3. Arthroscopy

**V. Special Instructions:**

A. *None*

**VI. Level of Care Required:**

A. *Inpatient*